



STORMWATER POLLUTION PREVENTION PLAN COMPLETION CERTIFICATION FORM (SWP2 Plan CCF)

For Stormwater Discharges Associated with Industrial Activity
Authorized by a Kansas Water Pollution Control General Permit
Under the National Pollutant Discharge Elimination System

Kansas Water Pollution Control General Permit No. S-ISWA-0507-1

Submission of this SWP2 Plan Completion Certification form (SWP2 Plan CCF) constitutes notice that the facility has complied with Part 2 of the Kansas Water Pollution Control General Permit for Stormwater Runoff from Industrial Activity. This includes development and implementation of a SWP2 Plan which is specific to the industrial activity and site characteristics occurring at the location described in the authorized NOI.

TO BE COMPLETED BY THE PERMITTEE

I certify under penalty of law that the Stormwater Pollution Prevention Plan (SWP2 Plan) required by this General Permit has been completed, retained on site and fully implemented at this facility. The SWP2 Plan document and all attachments were prepared on my behalf in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon the information gathered and the belief formed after a reasonable inquiry, the statements and information contained in the SWP2 Plan, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify, under penalty of law that, based upon inquiry of persons directly under my supervision, to the best of my knowledge and belief, the SWP2 Plan adheres to the stormwater control provisions of this General Permit for the development and implementation of a Stormwater Pollution Prevention Plan (SWP2 Plan) and that the SWP2 plan will be complied with.

Name of Facility: _____

Address: City: _____ County: _____ State: KS Zip Code: _____

Kansas Permit No. _____ Federal Permit No. _____

Date of SWP2 Plan: _____

Has the SWP2 Plan identified any unauthorized, non-stormwater (dry weather) discharges [see Part 2.4.3(g.)]? ☐ Y; ☐ N

If yes, has KDHE been notified of all such discharges? ☐ Y; ☐ N

Signature: _____

Owner, Operator or Duly or Authorized Representative, Name (typed or printed):

Title: _____

Date: _____

Send completed form with original signatures to:

Kansas Department of Health and Environment
Bureau of Water, Industrial Programs Section
1000 SW Jackson, Suite 420
Topeka, KS 66612 - 1367

KDHE Contact Information:

Phone: (785) 296-5545
e-mail: stormwater@kdhe.state.ks.us